

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA  
2001/02  
FORM

460

Page 1 of 55

For Official Use Only

Statement covers period

from 07/01/2017

through 12/31/2017

Date of election if applicable:  
(Month, Day, Year)

11/08/2016

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee  
☒ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☐ Pre-election Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
760951

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Cooperative of American Physicians State Political Action Committee

STREET ADDRESS (NO P.O. BOX)

| CITY               | STATE     | ZIP CODE     | AREA CODE/PHONE |
|--------------------|-----------|--------------|-----------------|
| <u>Los Angeles</u> | <u>CA</u> | <u>90071</u> |                 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|      |       |          |                 |

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER  
Rebecca Olson

MAILING ADDRESS

| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE       |
|-------------------|-----------|--------------|-----------------------|
| <u>Sacramento</u> | <u>CA</u> | <u>95814</u> | <u>(916) 254-5180</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|      |       |          |                 |

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/19/2018 By Rebecca Olson  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

Recipient Committee  
Campaign Statement  
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 55

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

NA NA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

NA ZZ 99999

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Committee**

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |  |
|--|--|
| Statement covers period<br>from 07/01/2017<br>through 12/31/2017 | <b>CALIFORNIA FORM 460</b><br>Page 3 of 55<br>I.D. NUMBER 760951 |
|--|--|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cooperative of American Physicians State Political Action Committee

## Contributions Received

|                                       |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$14,005.00  | \$115,789.00                               |
| 2. Loans Received .....               | Schedule B, Line 7 | \$0.00   | \$0.00                                     |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$14,005.00  | \$115,789.00                               |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | \$6,600.00   | \$11,200.00                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$20,605.00  | \$126,989.00                               |

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

|                           | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$0.00           | \$0.00      |
| 21. Expenditures Made     | \$0.00           | \$0.00      |

## Expenditures Made

|  |                      |              |              |
|--|----------------------|--------------|--------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$149,935.00 | \$216,307.52 |
| 7. Loans Made .....                      | Schedule H, Line 7   | \$0.00       | \$0.00       |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$149,935.00 | \$216,307.52 |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | \$0.00       | \$0.00       |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | \$6,600.00   | \$11,200.00  |
| 11. TOTAL EXPENDITURES MADE .....        | Add Lines 8 + 9 + 10 | \$156,535.00 | \$227,507.52 |

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |
| _____                          | _____         |

## Current Cash Statement

|   |   |              |  |
|---|---|--------------|--|
| 12. Beginning Cash Balance .....                          | Previous Summary Page, Line 16                | \$221,513.02 | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). |
| 13. Cash Receipts .....                                   | Column A, Line 3 above                        | \$14,005.00  |  |
| 14. Miscellaneous Increases to Cash .....                 | Schedule I, Line 4                            | \$122.85     |  |
| 15. Cash Payments .....                                   | Column A, Line 8 above                        | \$149,935.00 |  |
| 16. ENDING CASH BALANCE .....                             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$85,705.87  |  |
| If this is a termination statement, Line 16 must be zero. |   |              |  |

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

## Cash Equivalents and Outstanding Debts

|                             |                                       |        |
|-----------------------------|---------------------------------------|--------|
| 18. Cash Equivalents .....  | See instructions on reverse           | \$0.00 |
| 19. Outstanding Debts ..... | Add Line 2 + Line 9 in Column B above | \$0.00 |

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |  |                            |
|--|--|----------------------------|
| Statement covers period  |  | <b>CALIFORNIA FORM 460</b> |
| from 07/01/2017  |  |                            |
| through 12/31/2017   |  | Page 4 of 55               |
| NAME OF FILER<br>Cooperative of American Physicians State Political Action Committee |  | I.D. Number<br>760951      |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/18/2017    | Esrafil Abedi MD<br>Laguna Niguel, CA 92677   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Esrafil Abedi MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/21/2017    | Bryan Abramowitz MD<br>San Diego, CA 92117  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Bryan Abramowitz MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/27/2017    | Sean Adrean MD<br>Fullerton, CA 92835   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sean Adrean MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/19/2017    | Ty Affleck MD<br>Santa Rosa, CA 95401   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Ty Affleck MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/19/2017    | Tahira Akram MD<br>Pomona, CA 91767   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Tahira Akram MD<br>Physician   | \$100.00                    | \$100.00  |                                    |

**SUBTOTAL**

### Schedule A Summary

|   |                          |
|---|--------------------------|
| 1. Amount received this period - contributions of \$100 or more.<br>(Include all Schedule A subtotals.) .....                             | \$12,900.00              |
| 2. Amount received this period - unitemized contributions of less than \$100 .....  | \$1,105.00               |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL</b> \$14,005.00 |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
| through                 | 12/31/2017 | Page 5 of 55               |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cooperative of American Physicians State Political Action Committee

I.D. Number  
760951

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/21/2017      | Ovidiu Alb MD<br>Chula Vista, CA 91910  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Ovidiu Alb MD<br>Physician   | \$100.00                    | \$200.00  |                                    |
| 12/21/2017      | Simona Alb MD<br>Chula Vista, CA 91910  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Simona Alb MD<br>Physician   | \$100.00                    | \$200.00  |                                    |
| 12/21/2017      | Georgia Aljawadi MD<br>Chula Vista, CA 91910  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Georgia Aljawadi MD<br>Physician   | \$100.00                    | \$200.00  |                                    |
| 12/20/2017      | Julie Anselmo MD<br>Templeton, CA 93465   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Julie Anselmo MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/18/2017      | Lesley Mac Arthur MD<br>Newport Beach, CA 92660   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Lesley Mac Arthur MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |                            |
|--|--|----------------------------|
| Statement covers period<br>from <u>07/01/2017</u><br>through <u>12/31/2017</u>       |  | <b>CALIFORNIA FORM 460</b> |
| Page <u>6</u> of <u>55</u>   |  |                            |
| NAME OF FILER<br>Cooperative of American Physicians State Political Action Committee |  | I.D. Number<br>760951      |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/21/2017      | Steve Aziz MD<br>West Hills, CA 93104   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Steve Aziz MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/14/2017      | Abes Bagheri MD<br>Corona Del Mar, CA 92625   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Abes Bagheri MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/29/2017      | Renato Barga MD<br>Canyon Country, CA 91387   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Renato Barga MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/20/2017      | Tamara Battle MD<br>San Luis Obispo, CA 93404   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Tamara Battle MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/13/2017      | Emmett Berg DO<br>Van Nuys, CA 91405  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Emmett Berg MD<br>Physician  | \$100.00                    | \$200.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
| through                 | 12/31/2017 | Page 7 of 55               |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cooperative of American Physicians State Political Action Committee

I.D. Number

760951

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/12/2017    | David Bostanjian MD<br>Glendale, CA 91203   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | David Bostanjian MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/21/2017    | John Boswell MD<br>Fresno, CA 93711   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | John Boswell MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/27/2017    | Kathy Brockett MD<br>Valencia, CA 91355   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Kathy Brockett MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/20/2017    | Kara Danielle November Bryden MD<br>San Luis Obispo, CA 93401                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Kara Danielle November Bryden MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 9/29/2017     | Anna Carrillo MD<br>San Marcos, CA 92069  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Anna Carrillo MD<br>Physician  | \$100.00                    | \$100.00  |                                    |

**SUBTOTAL**

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IND - Individual

COM - Recipient Committee  
(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
| through                 | 12/31/2017 | Page 8 of 55               |

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I.D. Number

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| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/27/2017      | Lilian Caylan MD<br>Riverside, CA 92506   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Lilian Caylan MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/20/2017      | Amine Chahbouni MD<br>La Mirada, CA 90638   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Amine Chahbouni MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/19/2017      | Lani Clark MD<br>Los Alamitos, CA 90720   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Lani Clark MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/21/2017      | Lisa Corsentino-Matsumoto MD<br>Chula Vista, CA 91910   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Lisa Corsentino-Matsumoto MD<br>Physician  | \$100.00                    | \$200.00  |                                    |
| 12/20/2017      | James Coryell MD<br>San Luis Obispo, CA 93401   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | James Coryell MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
| through                 | 12/31/2017 | Page 9 of 55               |

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NAME OF FILER

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| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/19/2017      | Lilian Dalida MD<br>Fairfield, CA 94533   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Lilian Dalida MD<br>Physician  | \$100.00                    | \$200.00  |                                    |
| 12/27/2017      | Hal Danzer MD<br>Beverly Hills, CA 90210  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Hal Danzer MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 8/15/2017       | Oscar De la Mora MD<br>San Diego, CA 92102  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Oscar De la Mora MD<br>Physician   | \$100.00                    | \$300.00  |                                    |
| 12/27/2017      | Virendra Desai MD<br>La Palma, CA 90623   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Virendra Desai MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/27/2017      | Babatunde Eboreime MD<br>Pasadena, CA 91107   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Babatunde Eboreime MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

\*Contributor Codes  
IND - Individual  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
| through                 | 12/31/2017 | Page 10 of 55              |

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NAME OF FILER

Cooperative of American Physicians State Political Action Committee

I.D. Number  
760951

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/21/2017      | Mark Farnum MD<br>Westlake Village, CA 91362  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Mark Farnum MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/26/2017      | Tony Feuerman MD<br>Encino, CA 91436  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Tony Feuerman MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/18/2017      | James Fondren MD<br>Newport Beach, CA 92663   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | James Fondren MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/27/2017      | Michael Gales MD<br>Los Angeles, CA 90025   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Michael Gales MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/19/2017      | Bernard Geller MD<br>Santa Monica, CA 90404   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Bernard Geller MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/27/2017      | Edward Glassberg MD<br>Long Beach, CA 90808   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Edward Glassberg MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/27/2017      | Frank Goicoechea MD<br>La Mesa, CA 91941  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Frank Goicoechea MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/21/2017      | Jennifer Gopeng MD<br>San Diego, CA 92108   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Jennifer Gopeng MD<br>Physician  | \$100.00                    | \$200.00  |                                    |
| 12/27/2017      | Scott Grant MD<br>Fullerton, CA 92835   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Scott Grant MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 8/15/2017       | Eugenio Grunvald MD<br>San Diego, CA 92102  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Eugenio Grunvald MD<br>Physician   | \$100.00                    | \$500.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/20/2017      | Eugenio Grunvald MD<br>San Diego, CA 92102  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Eugenio Grunvald MD<br>Physician   | \$100.00                    | \$500.00  |                                    |
| 12/27/2017      | Eric Hansen DO<br>Hesperia, CA 92345  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Eric Hansen MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/13/2017      | Arthur Harris MD<br>Westlake Village, CA 91362  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Arthur Harris MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/21/2017      | William Harris MD<br>Orange, CA 92868   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | William Harris MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/29/2017      | Kenneth House MD<br>Malibu, CA 90265  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Kenneth House MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

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SCHEDULE A (CONT.)

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|--|--|-----------------------------|
| Statement covers period<br>from <u>07/01/2017</u>                                    |  | <b>CALIFORNIA FORM 460</b>  |
| through <u>12/31/2017</u>  |  |                             |
|  |  | Page <u>13</u> of <u>55</u> |
| NAME OF FILER<br>Cooperative of American Physicians State Political Action Committee |  | I.D. Number<br>760951       |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/22/2017      | Marian Iskander MD<br>Hawthorne, CA 90250   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Marian Iskander MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/22/2017      | Mona Iskander MD<br>Hawthorne, CA 90250   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Mona Iskander MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/19/2017      | Mark Jason MD<br>Laguna Hills, CA 92653   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Mark Jason MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/20/2017      | Neda Javaherian MD<br>Sherman Oaks, CA 91423  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Neda Javaherian MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/20/2017      | Evelyn Kachikwu MD<br>Yorba Linda, CA 92886   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Evelyn Kachikwu MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

|  |  |  |
|--|--|--|
| Statement covers period<br>from <u>07/01/2017</u><br>through <u>12/31/2017</u> |  | <b>CALIFORNIA FORM 460</b><br>Page <u>14</u> of <u>55</u><br>I.D. Number<br>760951 |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/27/2017      | Bryna Kane MD<br>Long Beach, CA 90808   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Bryna Kane MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/27/2017      | Blythe Kato MD<br>Rancho Mirage, CA 92270   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Blythe Kato MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/19/2017      | Jon Kelly MD<br>Carlsbad, CA 92008  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Jon Kelly MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/19/2017      | Marina Khachatryan MD<br>North Hollywood, CA 91605  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Marina Khachatryan MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/20/2017      | Mohammad Khayali MD<br>Hemet, CA 92543  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Mohammad Khayali MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/20/2017      | Christine Kohler-Ekstrand MD<br>Los Angeles, CA 90024   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Christine Kohler-Ekstrand MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/18/2017      | Bruce Kovacs MD<br>Seal Beach, CA 90740   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Bruce Kovacs MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/27/2017      | Mukhtair Kundi MD<br>West Covina, CA 91790  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Mukhtair Kundi MD<br>Physician   | \$100.00                    | \$200.00  |                                    |
| 12/14/2017      | Chun Lai MD<br>Coachella, CA 92236  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Chun Lai MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/13/2017      | Hoe Le MD<br>Santee, CA 92071   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Hoe Le MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

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SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/27/2017      | Jeffrey Levin MD<br>Modesto, CA 95350   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Jeffrey Levin MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/21/2017      | Chao-i Lin MD<br>Orange, CA 92868   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Chao-I Lin MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/18/2017      | Stephen Lindsay MD<br>Newport Beach, CA 92663   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Stephen Lindsay MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/21/2017      | Robert Loitz MD<br>Pasadena, CA 91105   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Robert Loitz MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/29/2017      | Peter Lucas MD<br>Valley Center, CA 92082   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Peter Lucas MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

|                         |  |                            |
|-------------------------|--|----------------------------|
| Statement covers period |  | <b>CALIFORNIA FORM 460</b> |
| from 07/01/2017         |  |                            |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/20/2017      | Marcus Lum MD<br>La Mirada, CA 90638  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Marcus Lum MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/20/2017      | Elenor Macgregor MD<br>San Luis Obispo, CA 93401  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Elenor Macgregor MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/20/2017      | Richard Macias MD<br>San Luis Obispo, CA 93401  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Richard Macias MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/13/2017      | Mehrdad Mahdad MD<br>Fountain Valley, CA 92708  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Mehrdad Mahdad MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/29/2017      | Vanessa Meuniot MD<br>Victorville, CA 92395   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Vanessa Meuniot MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

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|                         |  |                            |
|-------------------------|--|----------------------------|
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| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/20/2017      | Oscar De la Mora MD<br>San Diego, CA 92102  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Oscar De La Mora MD<br>Physician   | \$100.00                    | \$200.00  |                                    |
| 12/27/2017      | Moussa Moshfegh MD<br>Los Angeles, CA 90048   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Moussa Moshfegh MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 8/15/2017       | Ramachander Nanduri MD<br>San Diego, CA 92102   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Ramachander Nanduri MD<br>Physician  | \$100.00                    | \$500.00  |                                    |
| 12/20/2017      | Ramachander Nanduri MD<br>San Diego, CA 92102   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Ramachander Nanduri MD<br>Physician  | \$100.00                    | \$500.00  |                                    |
| 12/20/2017      | Michael Mc Nerney MD<br>San Luis Obispo, CA 93401   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Michael Mc Nerney MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

\*Contributor Codes  
IND - Individual  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |                             |
|--|--|-----------------------------|
| Statement covers period<br>from <u>07/01/2017</u>                                    |  | <b>CALIFORNIA FORM 460</b>  |
| through <u>12/31/2017</u>  |  |                             |
|  |  | Page <u>19</u> of <u>55</u> |
| NAME OF FILER<br>Cooperative of American Physicians State Political Action Committee |  | I.D. Number<br>760951       |

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| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/20/2017      | James Newman MD<br>Palo Alto, CA 94036  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | James Newman MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/21/2017      | Michael Nguyen DO<br>Huntington Beach, CA 92648   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Michael Nguyen MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/14/2017      | Eliezer Nussbaum MD<br>Huntington Beach, CA 92649   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Eliezer Nussbaum MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/20/2017      | Jason Paek MD<br>Walnut, CA 91789   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Jason Paek MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/27/2017      | Meghal Parikh MD<br>Merced, CA 95340  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Meghal Parikh MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

|  |  |                             |
|--|--|-----------------------------|
| Statement covers period<br>from <u>07/01/2017</u>                                    |  | <b>CALIFORNIA FORM 460</b>  |
| through <u>12/31/2017</u>  |  |                             |
|  |  | Page <u>20</u> of <u>55</u> |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/27/2017      | Sangeeta Patel MD<br>Tustin, CA 92780   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sangeeta Patel MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/14/2017      | Derek Phan MD<br>Westminster, CA 92683  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Derek Phan MD<br>Physician   | \$100.00                    | \$200.00  |                                    |
| 12/19/2017      | Kenneth Phan MD<br>San Jose, CA 95116   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Kenneth Phan MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/18/2017      | Ronald Philipp MD<br>Long Beach, CA 90815   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Ronald Philipp MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/27/2017      | Ashkan Pirouz MD<br>Fullerton, CA 92835   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Ashkan Pirouz MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
| through                 | 12/31/2017 | Page 21 of 55              |

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Cooperative of American Physicians State Political Action Committee

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/21/2017      | Clara Polak MD<br>Chula Vista, CA 91910   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Clara Polak MD<br>Physician  | \$100.00                    | \$200.00  |                                    |
| 12/17/2017      | Purissima Family Medicine Inc<br>Half Moon Bay, CA 94019                                      | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$100.00                    | \$100.00  |                                    |
| 12/21/2017      | Maurellen Rabago MD<br>Chula Vista, CA 91910  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Maurellen Rabago MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/13/2017      | Gary Reyzin MD<br>Van Nuys, CA 91405  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Gary Reyzin MD<br>Physician  | \$100.00                    | \$200.00  |                                    |
| 12/20/2017      | Michael Roach MD<br>La Mirada, CA 90638   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Michael Roach MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
| through                 | 12/31/2017 | Page 22 of 55              |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/13/2017      | Barry Rosenblum MD<br>Van Nuys, CA 91405  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Barry Rosenblum MD<br>Physician  | \$100.00                    | \$200.00  |                                    |
| 12/20/2017      | Dale Rowland MD<br>San Luis Obispo, CA 93401  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Dale Rowland MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/18/2017      | Vladimir Royter MD<br>Hanford, CA 93230   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Vladimir Royter MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/29/2017      | Franklin Rumore MD<br>San Jose, CA 95124  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Franklin Rumore MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/14/2017      | Timothy Ryan MD<br>Huntington Beach, CA 92646   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Timothy Ryan MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

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SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
| through                 | 12/31/2017 | Page 23 of 55              |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/19/2017      | Bashar Saad MD<br>San Bernardino, CA 92404  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Bashar Saad MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/27/2017      | Sharon Sadeghinia MD<br>La Jolla, CA 92038  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sharon Sadeghinia MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/26/2017      | Lee Sadjia MD<br>Santa Monica, CA 90403   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Lee Sadjia MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/29/2017      | Elizabeth Salada MD<br>Poway, CA 92064  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Elizabeth Salada MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/19/2017      | Edgar El Sayad MD<br>Lomita, CA 90717   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Edgar El Sayad MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
| through                 | 12/31/2017 | Page 24 of 55              |

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| 12/19/2017      | Nabil El Sayad MD<br>Lomita, CA 90717   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Nabil El Sayad MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/29/2017      | Jeffrey Schweitzer MD<br>San Diego, CA 92108  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Jeffrey Schweitzer MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/18/2017      | Payam Shadi MD<br>Los Angeles, CA 90036   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Payam Shadi MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/29/2017      | Shailesh Shetty MD<br>Clovis, CA 93619  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Shailesh Shetty MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/22/2017      | Benjamin Shwachman MD<br>Covina, CA 91723   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Benjamin Shwachman MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

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SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
| through                 | 12/31/2017 | Page 25 of 55              |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 10/23/2017      | Andrew Smith MD<br>Irvine, CA 92618   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Andrew Smith MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/29/2017      | Charles Steinmann MD<br>Newport Beach, CA 92663   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Charles Steinmann MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/21/2017      | Carla Stillwell MD<br>Chula Vista, CA 91910   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Carla Stillwell MD<br>Physician  | \$100.00                    | \$200.00  |                                    |
| 12/27/2017      | Bookinaker Subhas MD<br>Anaheim, CA 92801   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Bookinaker Subhas MD<br>Physician  | \$100.00                    | \$200.00  |                                    |
| 12/27/2017      | Bevinahall Suresh MD<br>Anaheim, CA 92801   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Bevinahall Suresh MD<br>Physician  | \$100.00                    | \$200.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
| through                 | 12/31/2017 | Page 26 of 55              |

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|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/20/2017    | Edna Taikwel MD<br>Monterey Park, CA 91755  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Edna Taikwel MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/14/2017    | Shih Tuo Tang MD<br>Irvine, CA 92606  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Shih Tuo Tang MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/13/2017    | Terence Tan MD<br>Lynwood, CA 90262   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Terence Tan MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/21/2017    | Irving Tessler MD<br>Pasadena, CA 91105   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Irving Tessler MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/18/2017    | Jeffrey Thue MD<br>Manhattan Beach, CA 90266  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Jeffrey Thue MD<br>Physician   | \$100.00                    | \$100.00  |                                    |

**SUBTOTAL**

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SCHEDULE A (CONT.)

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
| through                 | 12/31/2017 | Page 27 of 55              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cooperative of American Physicians State Political Action Committee

I.D. Number

760951

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/20/2017      | Susanna Tran MD<br>Pasadena, CA 91105   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Susanna Tran MD<br>Physician   | \$100.00                    | \$200.00  |                                    |
| 12/21/2017      | Frances Travelli MD<br>Pasadena, CA 91105   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Frances Travelli MD<br>Physician   | \$100.00                    | \$200.00  |                                    |
| 12/20/2017      | Nhu Truong MD<br>Garden Grove, CA 92843   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Nhu Truong MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/18/2017      | Enrique Tuesta MD<br>Bakersfield, CA 93314  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Enrique Tuesta MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/14/2017      | Radhika Tulpule MD<br>Covina, CA 91723  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Radhika Tulpule MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

**\*Contributor Codes**

IND - Individual

COM - Recipient Committee  
(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |  |                            |
|-------------------------|--|----------------------------|
| Statement covers period |  | <b>CALIFORNIA FORM 460</b> |
| from 07/01/2017         |  |                            |
| through 12/31/2017      |  | Page 28 of 55              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cooperative of American Physicians State Political Action Committee

I.D. Number  
760951

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/27/2017      | Bruce Vannatta MD<br>Los Alamitos, CA 90720   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Bruce Vannatta MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 9/13/2017       | Thua Vinh MD<br>Garden Grove, CA 92843  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Thua Vinh MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/27/2017      | Duc Vo MD<br>San Diego, CA 92111  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Duc Vo MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/21/2017      | Andrea Willey MD<br>Fresno, CA 93711  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Andrea Willey MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/21/2017      | Melissa Yelanich MD<br>Chula Vista, CA 91910  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Melissa Yelanich MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| <b>SUBTOTAL</b> |   |   |  |                             |   |                                    |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |                             |
|--|--|-----------------------------|
| Statement covers period<br>from <u>07/01/2017</u>                                    |  | <b>CALIFORNIA FORM 460</b>  |
| through <u>12/31/2017</u>  |  |                             |
|  |  | Page <u>29</u> of <u>55</u> |
| NAME OF FILER<br>Cooperative of American Physicians State Political Action Committee |  | I.D. Number<br>760951       |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED   | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/20/2017      | Chester Zahn MD<br>San Gabriel, CA 91776  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Chester Zahn MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/29/2017      | Candido Zareno MD<br>Glendale, CA 91208   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Candido Zareno MD<br>Physician   | \$100.00                    | \$100.00  |                                    |
| 12/29/2017      | Teresita Zareno MD<br>Glendale, CA 91208  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Teresita Zareno MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
| 12/27/2017      | Brian Zwecker MD<br>Montebello, CA 90640  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Brian Zwecker MD<br>Physician  | \$100.00                    | \$100.00  |                                    |
|                 |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
| <b>SUBTOTAL</b> |   |   |  | \$12,900.00                 |   |                                    |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Cooperative of American Physicians State Political Action Committee

I.D. NUMBER  
760951

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>RECEIVED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD*                      | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE |
|--|---|---|--|--|---|--|--------------------------------------|---|
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | <br>RATE %<br><br>                     |                                      | CALENDAR YEAR<br><br>PER ELECTION**<br><br>   |
|  |   |   |  |  | DATE DUE  |  | DATE INCURRED                        |   |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | <br>RATE %<br><br>                     |                                      | CALENDAR YEAR<br><br>PER ELECTION**<br><br>   |
|  |   |   |  |  | DATE DUE  |  | DATE INCURRED                        |   |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | <br>RATE %<br><br>                     |                                      | CALENDAR YEAR<br><br>PER ELECTION**<br><br>   |
|  |   |   |  |  | DATE DUE  |  | DATE INCURRED                        |   |

SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

|  |                            |
|--|----------------------------|
| Statement covers period<br>from 07/01/2017<br>through 12/31/2017 | <b>CALIFORNIA FORM 460</b> |
|  | Page 31 of 55              |
| I.D. Number 760951   |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Cooperative of American Physicians State Political Action Committee

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN               | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE                              | BALANCE OUTSTANDING TO DATE |
|---|--|---|--------------------|-------------------------------|---|-----------------------------|
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                               | CALENDAR YEAR<br><br>PER ELECTION (IF REQUIRED) |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                               | CALENDAR YEAR<br><br>PER ELECTION (IF REQUIRED) |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                               | CALENDAR YEAR<br><br>PER ELECTION (IF REQUIRED) |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br><br>DATE |                               | CALENDAR YEAR<br><br>PER ELECTION (IF REQUIRED) |                             |
| SUBTOTAL  |  |   |                    |                               | Enter on Summary Page, Line 17 only.            |                             |

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

|  |                            |
|--|----------------------------|
| Statement covers period<br>from 07/01/2017<br>through 12/31/2017 | <b>CALIFORNIA FORM 460</b> |
|  | Page 32 of 55              |
| I.D. Number 760951   |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Cooperative of American Physicians State Political Action Committee

| DATE RECEIVED   | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE  | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|---|--|----------------------------------|----------------------------|---|------------------------------------|
| 7/10/2017   | Cooperative of American Physicians<br>Los Angeles, CA 90071                                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Legal & Administrative Services  | \$1,100.00                 | \$11,200.00                                       |                                    |
| 8/13/2017   | Cooperative of American Physicians<br>Los Angeles, CA 90071                                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Legal & Administrative Services  | \$1,100.00                 | \$11,200.00                                       |                                    |
| 9/19/2017   | Cooperative of American Physicians<br>Los Angeles, CA 90071                                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Legal & Administrative Services  | \$1,100.00                 | \$11,200.00                                       |                                    |
| 11/10/2017  | Cooperative of American Physicians<br>Los Angeles, CA 90071                                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Legal & Administrative Services  | \$2,200.00                 | \$11,200.00                                       |                                    |
| Attach additional information on appropriately labeled continuation sheets. |  |   |  |                                  | <b>SUBTOTAL</b> \$6,600.00 |   |                                    |

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.)..... \$6,600.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 ..... \$0.00
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL** \$6,600.00

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2017</u><br>through <u>12/31/2017</u> | <b>CALIFORNIA FORM 460</b> |
| Page <u>33</u> of <u>55</u>  | I.D. Number<br>760951      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Cooperative of American Physicians State Political Action Committee

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 12/10/2017    | Cooperative of American Physicians<br>Los Angeles, CA 90071                                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Legal & Administrative Services  | \$1,100.00                | \$11,200.00                                       |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$6,600.00

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other

### Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period

from 07/01/2017

through 12/31/2017

CALIFORNIA  
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cooperative of American Physicians State Political Action Committee

I.D. NUMBER

760951

| DATE       | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR<br>MEASURE NUMBER OR LETTER AND JURISDICTION,<br>OR COMMITTEE | TYPE OF PAYMENT   | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN.1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|------------|---|---|------------------------------|-----------------------|--|--|
| 8/29/2017  | Scott Wiener<br>State Senator<br>District 11<br>Jurisdiction: Senate                                      | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure |                              | \$2,000.00            | \$2,000.00   | 2020P: \$2,000.00                        |
|            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |   |                              |                       |  |  |
| 10/25/2017 | California Democratic Party   | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure |                              | \$25,000.00           | \$25,000.00  |  |
|            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |   |                              |                       |  |  |
| 7/7/2017   | Cecilia Aguiar-Curry<br>State Assembly Person<br>District 04<br>Jurisdiction: Assembly District           | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure |                              | \$2,000.00            | \$2,000.00   | 2018P: \$2,000.00                        |
|            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |   |                              |                       |  |  |

SUBTOTAL

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$98,850.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** \$98,850.00

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017

through 12/31/2017

**CALIFORNIA  
FORM 460**

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NAME OF FILER

Cooperative of American Physicians State Political Action Committee

I.D. NUMBER  
760951

| DATE            | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR<br>MEASURE NUMBER OR LETTER AND JURISDICTION,<br>OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN.1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 10/4/2017       | Mike Gipson<br>State Assembly Person<br>District 64<br>Jurisdiction: Assembly District                    | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Non-Monetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure |                              | \$2,000.00            | \$2,000.00   | 2018P: \$2,000.00                        |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 10/19/2017      | Vince Fong<br>State Assembly Person<br>District 34<br>Jurisdiction: Assembly District                     | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$1,000.00            | \$1,000.00   | 2018P: \$1,000.00                        |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 10/19/2017      | Ken Cooley<br>State Assembly Person<br>District 8<br>Jurisdiction: Assembly District                      | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$1,250.00            | \$3,250.00   | 2018P: \$3,250.00                        |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 10/20/2017      | Tim Grayson<br>State Assembly Person<br>District 14<br>Jurisdiction: Assembly District                    | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$1,000.00            | \$3,000.00   | 2018P: \$3,000.00                        |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| <b>SUBTOTAL</b> |   |  |                              |                       |  |  |

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017

through 12/31/2017

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER

Cooperative of American Physicians State Political Action Committee

I.D. NUMBER  
760951

| DATE            | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR<br>MEASURE NUMBER OR LETTER AND JURISDICTION,<br>OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN.1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 10/20/2017      | Kevin Kiley<br>State Assembly Person<br>District 06<br>Jurisdiction: Assembly District                    | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Non-Monetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure |                              | \$1,000.00            | \$1,000.00   | 2018P: \$1,000.00                        |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 10/20/2017      | Fiona Ma<br>State Treasurer<br>Jurisdiction: Statewide  | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$1,000.00            | \$3,500.00   | 2018P: \$3,500.00                        |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 10/20/2017      | Lorena Gonzalez Fletcher<br>State Assembly Person<br>District 80<br>Jurisdiction: Assembly District       | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$1,000.00            | \$1,000.00   | 2018P: \$1,000.00                        |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 10/20/2017      | Betty Yee<br>State Controller<br>Jurisdiction: Statewide  | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$2,500.00            | \$5,000.00   | 2018P: \$5,000.00                        |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| <b>SUBTOTAL</b> |   |  |                              |                       |  |  |

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017

through 12/31/2017

**CALIFORNIA  
FORM 460**

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NAME OF FILER

Cooperative of American Physicians State Political Action Committee

I.D. NUMBER  
760951

| DATE       | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR<br>MEASURE NUMBER OR LETTER AND JURISDICTION,<br>OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN.1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|------------|---|--|------------------------------|-----------------------|--|--|
| 10/20/2017 | Betty Yee<br>State Controller<br>Jurisdiction: Statewide  | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Non-Monetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure |                              | \$2,500.00            | \$5,000.00   | 2018P: \$5,000.00                        |
|            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 10/20/2017 | Laura Friedman<br>State Assembly Person<br>District 43<br>Jurisdiction: Assembly District                 | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$500.00              | \$2,500.00   | 2018P: \$2,500.00                        |
|            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 10/20/2017 | Hilda Solis<br>Board of Supervisors<br>District 01<br>Jurisdiction: Los Angeles County                    | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$1,000.00            | \$1,000.00   | 2018P: \$1,000.00                        |
|            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 10/20/2017 | Bill Brough<br>State Assembly Person<br>District 73<br>Jurisdiction: Assembly District                    | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$1,000.00            | \$1,000.00   | 2018P: \$1,000.00                        |
|            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017

through 12/31/2017

**CALIFORNIA**  
**FORM 460**

Page 38 of 55

NAME OF FILER

Cooperative of American Physicians State Political Action Committee

I.D. NUMBER  
 760951

| DATE       | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR<br>MEASURE NUMBER OR LETTER AND JURISDICTION,<br>OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN.1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|------------|---|--|------------------------------|-----------------------|--|--|
| 10/20/2017 | Rudy Salas<br>State Assembly Person<br>District 32<br>Jurisdiction: Assembly District                     | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Non-Monetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure |                              | \$2,000.00            | \$4,400.00   | 2018P: \$4,400.00                        |
|            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 10/20/2017 | Fiona Ma<br>State Treasurer<br>Jurisdiction: Statewide  | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$2,500.00            | \$3,500.00   | 2018P: \$3,500.00                        |
|            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 10/20/2017 | Pat Bates<br>State Senator<br>District 36<br>Jurisdiction: Senate   | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$2,500.00            | \$2,500.00   | 2018P: \$2,500.00                        |
|            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 10/23/2017 | Ian Calderon<br>State Assembly Person<br>District 57<br>Jurisdiction: Assembly District                   | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$4,400.00            | \$4,400.00   | 2018P: \$4,400.00                        |
|            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017

through 12/31/2017

**CALIFORNIA  
FORM 460**

Page 39 of 55

NAME OF FILER

Cooperative of American Physicians State Political Action Committee

I.D. NUMBER  
760951

| DATE            | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR<br>MEASURE NUMBER OR LETTER AND JURISDICTION,<br>OR COMMITTEE        | TYPE OF PAYMENT  | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN.1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|-----------------|--|--|------------------------------|-----------------------|--|--|
| 10/25/2017      | Alex Padilla<br>Secretary of State<br>Jurisdiction: Statewide  | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Non-Monetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure |                              | \$300.00              | \$1,500.00   | 2018P: \$7,300.00<br>2018P: \$1,200.00   |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                      |  |                              |                       |  |  |
| 10/25/2017      | Cathleen Galgiani<br>Board of Equalization Member<br>District 02<br>Jurisdiction: Board of Equalization District | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$1,000.00            | \$1,000.00   | 2018P: \$1,000.00                        |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                      |  |                              |                       |  |  |
| 10/25/2017      | Alex Padilla<br>Secretary of State<br>Jurisdiction: Statewide  | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$1,200.00            | \$1,500.00   | 2018G: \$7,300.00<br>2018G: \$1,200.00   |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                      |  |                              |                       |  |  |
| 10/25/2017      | Sharon Quick-Silva<br>State Assembly Person<br>District 65<br>Jurisdiction: Assembly District                    | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$2,500.00            | \$2,500.00   | 2018P: \$2,500.00                        |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                      |  |                              |                       |  |  |
| <b>SUBTOTAL</b> |  |  |                              |                       |  |  |

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017

through 12/31/2017

**CALIFORNIA  
FORM 460**

Page 40 of 55

NAME OF FILER

Cooperative of American Physicians State Political Action Committee

I.D. NUMBER  
760951

| DATE       | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR<br>MEASURE NUMBER OR LETTER AND JURISDICTION,<br>OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN.1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|------------|---|--|------------------------------|-----------------------|--|--|
| 10/25/2017 | Luis Lopez<br>State Assembly Person<br>District 51<br>Jurisdiction: Assembly District                     | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Non-Monetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure |                              | \$4,400.00            | \$4,400.00   |  |
|            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 10/25/2017 | Tom Daly<br>State Assembly Person<br>District 69<br>Jurisdiction: Assembly District                       | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$4,400.00            | \$8,800.00   | 2018P: \$4,400.00<br>2018P: \$4,400.00   |
|            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 10/25/2017 | Tom Daly<br>State Assembly Person<br>District 69<br>Jurisdiction: Assembly District                       | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$4,400.00            | \$8,800.00   | 2018G: \$4,400.00<br>2018G: \$4,400.00   |
|            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 10/25/2017 | Anthony Rendon<br>State Assembly Person<br>District 63<br>Jurisdiction: Assembly District                 | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$4,400.00            | \$8,800.00   | 2018P: \$4,400.00<br>2018P: \$4,400.00   |
|            | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |

**SUBTOTAL**



**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017

through 12/31/2017

**CALIFORNIA  
FORM 460**

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NAME OF FILER

Cooperative of American Physicians State Political Action Committee

I.D. NUMBER  
760951

| DATE            | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR<br>MEASURE NUMBER OR LETTER AND JURISDICTION,<br>OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN.1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 10/25/2017      | Anthony Rendon<br>State Assembly Person<br>District 63<br>Jurisdiction: Assembly District                 | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Non-Monetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure |                              | \$4,400.00            | \$8,800.00   | 2018G: \$4,400.00<br>2018G: \$4,400.00   |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 10/27/2017      | Phil Ting<br>State Assembly Person<br>District 19<br>Jurisdiction: Assembly District                      | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$1,300.00            | \$4,400.00   | 2018P: \$4,400.00                        |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 10/27/2017      | Phil Ting<br>State Assembly Person<br>District 19<br>Jurisdiction: Assembly District                      | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$3,100.00            | \$4,400.00   | 2018P: \$4,400.00                        |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 12/21/2017      | Toni Atkins<br>State Senator<br>District 39<br>Jurisdiction: Senate                                       | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><br><input type="checkbox"/> Nonmonetary<br>Contribution<br><br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$2,200.00            | \$4,400.00   | 2020P: \$4,200.00<br>2020P: \$2,200.00   |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| <b>SUBTOTAL</b> |   |  |                              |                       |  |  |

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

|  |  |   |
|--|--|---|
| Statement covers period  |  | <b>CALIFORNIA</b><br><b>FORM</b> <b>460</b> |
| from <u>07/01/2017</u>   |  |   |
| through <u>12/31/2017</u>  |  | Page <u>42</u> of <u>55</u>                 |
| NAME OF FILER<br>Cooperative of American Physicians State Political Action Committee |  | I.D. NUMBER<br>760951                       |

| DATE            | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR<br>MEASURE NUMBER OR LETTER AND JURISDICTION,<br>OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN.1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 12/22/2017      | Freddy Rodriguez<br>State Assembly Person<br>District 52<br>Jurisdiction: Assembly District               | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Non-Monetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure |                              | \$1,000.00            | \$1,000.00   | 2018P: \$1,000.00                        |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 12/22/2017      | Richard Pan<br>State Senator<br>District 06<br>Jurisdiction: Senate                                       | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$1,400.00            | \$4,400.00   | 2018P: \$4,400.00                        |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 12/22/2017      | David Chiu<br>State Assembly Person<br>District 17<br>Jurisdiction: Assembly District                     | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$2,000.00            | \$2,000.00   | 2018P: \$2,000.00                        |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| 12/22/2017      | Xavier Becerra<br>Attorney General<br>Jurisdiction: Statewide   | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure  |                              | \$2,500.00            | \$4,000.00   | 2018P: \$4,000.00                        |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
| <b>SUBTOTAL</b> |   |  |                              |                       |  |  |

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017

through 12/31/2017

**CALIFORNIA  
FORM 460**

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NAME OF FILER

Cooperative of American Physicians State Political Action Committee

I.D. NUMBER  
760951

| DATE            | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR<br>MEASURE NUMBER OR LETTER AND JURISDICTION,<br>OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION<br>(IF REQUIRED) | AMOUNT THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN.1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
|-----------------|---|--|------------------------------|-----------------------|--|--|
| 12/21/2017      | Toni Atkins<br>State Senator<br>District 39<br>Jurisdiction: Senate                                       | <input checked="" type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Non-Monetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure |                              | \$2,200.00            | \$4,400.00   | 2020G: \$4,200.00<br>2020G: \$2,200.00   |
|                 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                               |  |                              |                       |  |  |
|                 |   | <input type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure             |                              |                       |  |  |
|                 | <input type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                              |                       |  |  |
|                 |   | <input type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure             |                              |                       |  |  |
|                 | <input type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                              |                       |  |  |
|                 |   | <input type="checkbox"/> Monetary<br>Contribution<br><input type="checkbox"/> Nonmonetary<br>Contribution<br><input type="checkbox"/> Independent<br>Expenditure             |                              |                       |  |  |
|                 | <input type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |                              |                       |  |  |
| <b>SUBTOTAL</b> |   |  |                              | \$98,850.00           |  |  |

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |                            |
|--|----------------------------|
| Statement covers period<br>from 07/01/2017<br>through 12/31/2017 | <b>CALIFORNIA FORM 460</b> |
| Page 44 of 55  | I.D. NUMBER<br>760951      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Cooperative of American Physicians State Political Action Committee

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                    | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| Re-Elect Scott Wiener for State Senate 2020<br>Oakland, CA 94618                       | CTB  |    |                        | \$2,000.00  |
| Committee ID: 1392654<br>California Democratic Party<br>Sacramento, CA 95811           | CTB  |    |                        | \$25,000.00 |
| Committee ID: 741666<br>Cecilia Aguiar-Curry for Assembly 2018<br>Sacramento, CA 95814 | CTB  |    |                        | \$2,000.00  |
| Committee ID: 1392362  |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

|  |                           |
|--|---------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....                                 | \$149,850.00              |
| 2. Unitemized payments made this period of under \$100. ....   | \$85.00                   |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$0.00                    |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL</b> \$149,935.00 |

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |  |   |
|--|--|---|
| Statement covers period<br>from 07/01/2017<br>through 12/31/2017 |  | <b>CALIFORNIA FORM 460</b><br><br>Page 45 of 55 |
| I.D. NUMBER<br>760951  |  |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Cooperative of American Physicians State Political Action Committee

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
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| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)               | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Cooperative of American Physicians Independent Expenditure Committee<br>Los Angeles, CA 90071 | TSF  |    |                        | \$50,000.00 |
| Committee ID: 970275<br>Mike Gipson for Assembly<br>Sacramento, CA 95814                      | CTB  |    |                        | \$2,000.00  |
| Committee ID: 1392928<br>Vince Fong for Assembly 2018<br>Sacramento, CA 95814                 | CTB  |    |                        | \$1,000.00  |
| Committee ID: 1393014<br>Re-Elect Ken Cooley for Assembly 2018<br>Sacramento, CA 95841        | CTB  |    |                        | \$1,250.00  |
| Committee ID: 1393555<br>Tim Grayson for Assembly 2018<br>Concord, CA 94521                   | CTB  |    |                        | \$1,000.00  |
| Committee ID: 1392593   |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |  |                                |
|--|--|--------------------------------|
| Statement covers period  |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2017  |  |                                |
| through 12/31/2017   |  | Page 46 of 55                  |
| NAME OF FILER<br>Cooperative of American Physicians State Political Action Committee |  | I.D. NUMBER<br>760951          |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
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| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)            | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| Kiley for Assembly 2018<br>Sacramento, CA 95814  | CTB  |    |                        | \$1,000.00  |
| Committee ID: 1392453<br>Fiona Ma for State Treasurer 2018<br>Sacramento, CA 95864         | CTB  |    |                        | \$1,000.00  |
| Committee ID: 1384474<br>Lorena Gonzalez Fletcher for Assembly 2018<br>Encinitas, CA 92024 | CTB  |    |                        | \$1,000.00  |
| Committee ID: 1392494<br>Betty Yee for Controller 2018<br>Encino, CA 91436                 | CTB  |    |                        | \$2,500.00  |
| Committee ID: 1374814<br>Betty Yee for Controller 2018<br>Encino, CA 91436                 | CTB  |    |                        | \$2,500.00  |
| Committee ID: 1374814  |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |  |                                |
|--|--|--------------------------------|
| Statement covers period  |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2017  |  |                                |
| through 12/31/2017   |  | Page 47 of 55                  |
| NAME OF FILER<br>Cooperative of American Physicians State Political Action Committee |  | I.D. NUMBER<br>760951          |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
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| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)    | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| Laura Friedman for Assembly 2018<br>Burbank, CA 91502                              | CTB  |    |                        | \$500.00    |
| Committee ID: 1372556<br>Solis for Supervisor 2018<br>Los Angeles, CA 90025        | CTB  |    |                        | \$1,000.00  |
| Committee ID: 1395229<br>Bill Brough State Assembly 2018<br>Lake Forest, CA 92630  | CTB  |    |                        | \$1,000.00  |
| Committee ID: 1392528<br>Rudy Salas for Assembly 2018<br>Bakersfield, CA 93307     | CTB  |    |                        | \$2,000.00  |
| Committee ID: 1393439<br>Fiona Ma for State Treasurer 2018<br>Sacramento, CA 95864 | CTB  |    |                        | \$2,500.00  |
| Committee ID: 1384474  |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |  |                                |
|--|--|--------------------------------|
| Statement covers period  |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2017  |  |                                |
| through 12/31/2017   |  | Page 48 of 55                  |
| NAME OF FILER<br>Cooperative of American Physicians State Political Action Committee |  | I.D. NUMBER<br>760951          |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Pat Bates for Senate 2018<br>Laguna Niguel, CA 92677                            | CTB  |    |                        | \$2,500.00  |
| Committee ID: 1374577   |      |    |                        |             |
| Ian Calderon for Assembly 2018<br>Los Angeles, CA 90017                         | CTB  |    |                        | \$4,400.00  |
| Committee ID: 1337383   |      |    |                        |             |
| Padilla For Secretary Of State 2018<br>Sacramento, CA 95814                     | CTB  |    |                        | \$300.00    |
| Committee ID: 1373719   |      |    |                        |             |
| Galgiani for State Board of Equalization 2018<br>Sacramento, CA 95827           | CTB  |    |                        | \$1,000.00  |
| Committee ID: 1393331   |      |    |                        |             |
| Padilla For Secretary Of State 2018<br>Sacramento, CA 95814                     | CTB  |    |                        | \$1,200.00  |
| Committee ID: 1373719   |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |  |   |
|--|--|---|
| Statement covers period<br>from 07/01/2017<br>through 12/31/2017 |  | <b>CALIFORNIA FORM 460</b><br><br>Page 49 of 55 |
| I.D. NUMBER<br>760951  |  |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Cooperative of American Physicians State Political Action Committee

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR                | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|-------------------|------------------------|-------------|
| Sharon Quick-Silva for Assembly 2018<br>Sacramento, CA 95841                    | CTB  |                   |                        | \$2,500.00  |
| Committee ID: 1392962   |      |                   |                        |             |
| Luis Lopez for Assembly 2017<br>Sacramento, CA 95814                            | CTB  | Primary 2017 Debt |                        | \$4,400.00  |
| Committee ID: 1397810   |      |                   |                        |             |
| Tom Daly for Assembly 2018<br>Anaheim, CA 92805                                 | CTB  |                   |                        | \$4,400.00  |
| Committee ID: 1393412   |      |                   |                        |             |
| Tom Daly for Assembly 2018<br>Anaheim, CA 92805                                 | CTB  |                   |                        | \$4,400.00  |
| Committee ID: 1393412   |      |                   |                        |             |
| Anthony Rendon for Assembly 2018<br>Sacramento, CA 95814                        | CTB  |                   |                        | \$4,400.00  |
| Committee ID: 1393414   |      |                   |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |            |                            |
|--|------------|----------------------------|
| Statement covers period  |            | <b>CALIFORNIA FORM 460</b> |
| from   | 07/01/2017 |                            |
| through 12/31/2017   |            | Page 50 of 55              |
| NAME OF FILER<br>Cooperative of American Physicians State Political Action Committee |            | I.D. NUMBER<br>760951      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Cooperative of American Physicians State Political Action Committee

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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Anthony Rendon for Assembly 2018<br>Sacramento, CA 95814                        | CTB  |    |                        | \$4,400.00  |
| Committee ID: 1393414   |      |    |                        |             |
| Phil Ting for Assembly 2018<br>Sacramento, CA 95814                             | CTB  |    |                        | \$1,300.00  |
| Committee ID: 1393484   |      |    |                        |             |
| Phil Ting for Assembly 2018<br>Sacramento, CA 95814                             | CTB  |    |                        | \$3,100.00  |
| Committee ID: 1393484   |      |    |                        |             |
| Toni Atkins for Senate 2020<br>Sacramento, CA 95814                             | CTB  |    |                        | \$2,200.00  |
| Committee ID: 1373840   |      |    |                        |             |
| Asian Pacific Islander Capitol Association<br>Sacramento, CA 95814              | CVC  |    |                        | \$1,000.00  |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |  |                                |
|--|--|--------------------------------|
| Statement covers period  |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2017  |  |                                |
| through 12/31/2017   |  | Page 51 of 55                  |
| NAME OF FILER<br>Cooperative of American Physicians State Political Action Committee |  | I.D. NUMBER<br>760951          |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Rodriguez for Assembly 2018<br>Sacramento, CA 95814                             | CTB  |    |                        | \$1,000.00  |
| Committee ID: 1392709   |      |    |                        |             |
| Dr. Richard Pan for Senate 2018<br>Sacramento, CA 95814                         | CTB  |    |                        | \$1,400.00  |
| Committee ID: 1374058   |      |    |                        |             |
| David Chiu for Assembly 2018<br>Sacramento, CA 95814                            | CTB  |    |                        | \$2,000.00  |
| Committee ID: 1393047   |      |    |                        |             |
| Becerra for Attorney General 2018<br>Los Angeles, CA 90017                      | CTB  |    |                        | \$2,500.00  |
| Committee ID: 1394091   |      |    |                        |             |
| Toni Atkins for Senate 2020<br>Sacramento, CA 95814                             | CTB  |    |                        | \$2,200.00  |
| Committee ID: 1373840   |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$149,850.00

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM 460

Page 52 of 55

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Cooperative of American Physicians State Political Action Committee

I.D. NUMBER  
760951

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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|-----|---|-----|---|-----|---|
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| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, email)            |

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS**

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \_\_\_\_\_
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \_\_\_\_\_
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \_\_\_\_\_  
May be a negative number.

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 07/01/2017  
through 12/31/2017

CALIFORNIA  
FORM **460**

Page 53 of 55

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Cooperative of American Physicians State Political Action Committee

I.D. NUMBER  
760951

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
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| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
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| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\***

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period

from 07/01/2017

through 12/31/2017

CALIFORNIA  
FORM **460**

Page 54 of 55

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cooperative of American Physicians State Political Action Committee

I.D. NUMBER

760951

| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>LOANED THIS<br>PERIOD | (c)<br>REPAYMENT OR<br>FORGIVENESS<br>THIS PERIOD*                     | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>RECEIVED | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>LOANS<br>TO DATE |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|---------------------------------------|
|  |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | _____ %<br>RATE             |                                      | CALENDAR YEAR<br><br>PER ELECTION**   |
|  |   |   |  |  | DATE DUE  |                             | DATE INCURRED                        |                                       |
|  |   |   |  | <input type="checkbox"/> PAID<br><br><input type="checkbox"/> FORGIVEN |   | _____ %<br>RATE             |                                      | CALENDAR YEAR<br><br>PER ELECTION**   |
|  |   |   |  |  | DATE DUE  |                             | DATE INCURRED                        |                                       |
|  |   | <b>SUBTOTALS</b>  |  |  |   |                             |                                      |                                       |

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....

(Total Column (b) plus unitemized loans less than \$100.)

\*\* If Required

2. Payments received on loans .....

(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET**

(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2017 |                            |
| through                 | 12/31/2017 | Page 55 of 55              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Cooperative of American Physicians State Political Action Committee

I.D. NUMBER  
760951

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| 9/30/2017     | WELLS FARGO BANK<br>Downey, CA 90241                                      | Interest Earned        | \$68.70                    |
| 12/31/2017    | WELLS FARGO BANK<br>Downey, CA 90241                                      | Interest Earned        | \$54.15                    |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$122.85

### Schedule I Summary

|  |                       |
|--|-----------------------|
| 1. Increases to cash of \$100 or more this period.....   | \$122.85              |
| 2. Unitemized increases to cash under \$100 this period. ....  | \$0.00                |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....                            | \$0.00                |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... | <b>TOTAL</b> \$122.85 |

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC